



STATE OF IOWA  
MASTER AGREEMENT

MA# 005 CT2411MV-17

EFFECTIVE BEGIN DATE: 11-01-2003  
EXPIRATION DATE: 10-31-2004  
PAGE: 1 of 3

BUYER : JEANETTE CHUPP  
Jeanette.Chupp@iowa.gov  
515-281-6288

PAYMENT TERMS (%): DAYS:

**VENDOR:**

McKesson Corporations  
1315 N Chouteau Trafway  
PO Box 419263  
Kansas City, MO 64193-0590  
USA

**VENDOR CONTACT:**

FAX  
PHONE: 515 999-9999 EXT:  
EMAIL:  
VENDOR #: 94320729600

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**DESCRIPTION OF ITEMS CONTRACTED**

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**MEDICAL, PHARMACEUTICALS, DRUGS**

Contract To Provide Pharmaceutical Distribution As A Servishare Distributor Pursuant To The Specifications, Terms And Conditions Of Sealed Bid No. 77098s Dated December 3, 1996, On File With The Department Of Administrative Services, General Services Enterprise, Hoover Building, Level A, Des Moines, Iowa, 50319-0105. Refer To The Authorized Distributor Agreement (Ada) For Terms And Conditions Which Apply To Each Ordering Location. Pricing Furnished Monthly On Cd. "Orders Shall Specify Servishare Member" Servishare Representative: Joyce Brooks, Ph. 515-288-1955, Ext.352 Fax: 515-281-9366 Or E-Mail: Brooks@lhaonline.Org

**RENEWAL PERIODS REMAINING**

1 Years

**THRESHOLDS**

MINIMUM ORDER AMOUNT:  
MAXIMUM ORDER AMOUNT:  
NOT TO EXCEED AMOUNT:

**AUTHORIZED DEPARTMENT**

ALL

**TOTAL \$0.00**

VENDOR:

APPROVED BY:

THIS MA IS SUBJECT TO THE TERMS AND  
CONDITIONS ATTACHED HERETO.  
PLEASE SEE ATTACHMENTS FOR  
FURTHER DESCRIPTIONS.



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LINE NO.	QUANTITY / SERVICE DATES	UNIT	COMMODITY / DESCRIPTION	UNIT COST
1	0.00000		27104	\$0.000000
			Administration Sets, IV Additive Accessories	
2	0.00000		27006	\$0.000000
			Drugs, Anti Inflammatory	
3	0.00000		27000	\$0.000000
			Drugs, Pharmaceuticals, Biologicals, For Human Therapeuti	
4	0.00000		27050	\$0.000000
			Orals, Parenterals, Supplies	
5	0.00000		27095	\$0.000000
			Vitamins, Herbal Supliments	
999	0.00000		96286FOB	\$0.000000
			Shipping, Handling With Stated Conditions	
			Freight Charges Applied Per The Ordering Location'S Ada Agreement.	



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**TERMS AND CONDITIONS**

**NET**

NET ON RECEIPT